



## South Dakota Board of Nursing

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### Request For Faculty to Student Clinical Ratio Change

Pursuant to ARSD **20:48:07:32** (<http://www.sdlegislature.gov/Rules/DisplayRule.aspx?Rule=20:48:07:32>) and Declaratory Ruling 94-3, all nursing education programs must maintain a faculty-to-student ratio in clinical facilities which does not exceed 1:8. The Board recognizes that unique circumstances occur in which a nursing school occasionally needs to request an exception to this standard. To request an increased faculty to student ratio, submit this completed form to the Board of Nursing office by email to [glenna.burg@state.sd.us](mailto:glenna.burg@state.sd.us) a minimum of 2 business days before requested clinical change. Notice of approval status will be sent by email to the clinical coordinator's email address listed on this form.

Name of Nursing Education Program:	
Name of Clinical Coordinator:	
Email:	Phone:
Requested Ratio:	Date(s) of Augmented Clinical:
Semester:	Name of Clinical Course / #:
Name of Clinical Practice Setting (e.g. hospital name):	
Name of Nursing Unit:	
Facility Address:	
State the reason for the increased ratio:	
Signature of Nursing Education Clinical Coordinator Requesting Change:	Date:
Name of Facility Nursing Unit Manager/ Nursing Supervisor:	Telephone: Email:
By signing below, the Facility Nursing Unit Manager/ Nursing Supervisor acknowledges the following is true and correct: <ul style="list-style-type: none"> <li>The Practice Setting's census should be adequate to support the requested number of students and that the student's learning experiences should be adequately met; and</li> <li>One faculty member should be adequate to provide appropriate supervision of the requested number of students.</li> </ul>	
Signature of Facility Nursing Unit Manager/ Nursing Supervisor:	Date:
SD Board of Nursing:	
<input type="checkbox"/> Approval of Requested Clinical Ratio Change	<input type="checkbox"/> Denial of Requested Clinical Ratio Change
Signature of SDBON Representative:	Date: